



Wyoming Department of Education

Cindy Hill, Superintendent of Public Instruction
Hathaway Building, 2nd Floor, 2300 Capitol Avenue
Cheyenne WY 82002-0050

Phone: 307-777-7673 Fax: 307-777-6234 Website: edu.wyoming.gov

PRIVATE POST SECONDARY DEGREE GRANTING INSTITUTIONS CLAIM FOR RELIGIOUS EXEMPTION

Due on or before August 31st

School Information:

School Name:	
Mailing Address:	
City	State:
Zip:	
Phone:	Fax:
Email:	Website:
Main Contact:	

Ownership (check all that apply):

<input type="checkbox"/>	Sole Proprietorship or partnership.
<input type="checkbox"/>	Corporation. Please attach evidence of incorporation.
<input type="checkbox"/>	Limited Liability Company (LLC). Please attach evidence
<input type="checkbox"/>	Limited Partnership. Please attach evidence
<input type="checkbox"/>	Nonprofit Religious. Please attach evidence of non-profit status
<input type="checkbox"/>	Nonprofit, public benefit. Please attach evidence of non-profit status
<input type="checkbox"/>	Nonprofit mutual benefit. Please attach evidence of non-profit status
<input type="checkbox"/>	Profit. Please attach evidence

Please provide brief explanation of courses offered. (you may be asked to submit a course catalog)

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Please list the names of all degrees or diplomas offered (submit a sample certificate):

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Do you offer any online or distance education courses: YES NO

Exemption Certification Statement

As an authorized representative of the applicant institution, I hereby certify that the information provided herein, is correct and is an accurate representation of the institution's operation.

In accepting an exempt status granted under W.S. §21-2-406, I certify that the institution and its representatives agree to make no reference to the Wyoming Department of Education in advertising and/or printed materials. I certify that the institution agrees to notify the Wyoming Department of Education of any changes in operation that may influence the exempt status. I further certify that the institution agrees to provide to the Department on or before August 31st of each year, updated information, i.e., brochures, catalogs, etc. on the programs offered by the institution as requested.

I understand that failure to complete any section or requirement of this form completely and honestly may result in the inability to attain, or the loss of, exemption status and will require licensure, registration, or immediate cease and desist of operation.

I understand that if granted, the exemption will continue until such time the Department determines that the exemption no longer applies. I hereby commit the institution to abide by the conditions outlined.

Signature of Chief Administrator

Printed Name and Title

Date

**** You will be notified in writing upon final decision by the Wyoming Department of Education.**